



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY☐ ADDITIONAL PAGES

TROOP / UNIT: WD Major Crime Sq.		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES,	
DATE: 10/27/04	TIME: 1530 hours	INVESTIGATING TROOPER / OFFICER: Detective Rosa	DPS CASE NUMBER: DPS-04-030982
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 1106 North Avenue, Bridgeport, CT (Bridgeport Community Correctional Center)			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION The accused was arrested on a warrant charging him with Assault 3rd Degree. The Department of Corrections requested a State Police investigation into a complaint made by an inmate of excessive force used by a Corrections Officer. The inmate complained that the accused, a Corrections Officer, assaulted him after ordering him to remove a mattress he repeatedly placed against his cell window. The inmate sustained minor injuries in the incident, but was not treated for his injuries until discovered by another Officer several minutes later. The incident was witnessed by another inmate and Officer. The accused was subsequently terminated by DOC as a result of an internal investigation into the incident.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> AGE: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F PICKETT, Machell		DOB: 01/08/63	ADDRESS: 74 Texas Avenue Bridgeport, CT
CHARGES: 1. ASSAULT 3rd DEGREE, 53a-61 2. 3. 4.		COURT: GA: 02 TOWN: Bridgeport DATE: 11/04/04	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input checked="" type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
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NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: <i>[Signature]</i> ID #: 205 DATE: 10/27/04			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS</u> . FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			